

# Health Plan Benefits At-A-Glance 2025

Plan Provision		IN-NETWORK		OUT-OF-NETWORK	
		Select PPO	Choice PPO	Select PPO	Choice PPO
<b>Calendar Year Deductible</b>		Per person: \$300 Max per family: \$900	Per person: \$450 Max per family: \$1,350	Per person: \$550 Max per family: \$1,650	Per person: \$850 Max per family: \$2,550
<b>Calendar Year Out-of-Pocket Maximum*</b>	<b>Medical</b>	Per person: \$2,000 Max per family: \$4,000	Per person: \$3,000 Max per family: \$5,000	Per person: \$3,000 Max per family: \$5,000	Per person: \$4,000 Max per family: \$6,000
	<b>Prescription Drug</b>	Per person: \$2,000 Max per family: \$4,000	Per person: \$3,000 Max per family: \$5,000	No coverage	
<b>Physician Office Visit</b>		\$15 co-pay	\$15 co-pay	30% after deductible	40% after deductible
<b>Coinsurance (most services)</b>		10% after deductible	20% after deductible	30% after deductible	40% after deductible
<b>Preventive Care Onsite<sup>†</sup> Clinic</b>		No co-pay No co-pay	No co-pay No co-pay	30% after deductible 30% after deductible	40% after deductible 40% after deductible
<b>Specialist Office Visit Onsite<sup>†</sup> Clinic Visit</b>		\$25 co-pay \$10 co-pay	\$25 co-pay \$10 co-pay	30% after deductible 30% after deductible	40% after deductible 40% after deductible
<b>Urgent Care Center</b>		\$35 co-pay	\$35 co-pay	30% after deductible	40% after deductible
<b>Emergency Room Visit</b>		\$100 co-pay			
<b>Prescription Drugs 31 day supply</b>		\$5 generic drugs \$30 for drugs on the Preferred Drug List (formulary) \$60 for drugs not on the Preferred Drug List (formulary) \$75 for specialty drugs		No coverage	
<b>Prescription Drugs 90 day supply</b>		\$10 generic drugs \$60 for drugs on the Preferred Drug List (formulary) \$120 for drugs not on the Preferred Drug List (formulary) \$150 for specialty drugs		No coverage	
<b>Over the Counter Tobacco Cessation products: 0-31 day supply</b>		No co-pay (fully paid by St. Jude)		No coverage	
<b>Teladoc Health telehealth Onsite<sup>†</sup> Clinic</b>		\$15 co-pay \$10 co-pay	\$15 co-pay \$10 co-pay	No coverage	

\*The out-of-pocket max limits continue to be separate for medical and prescription drug expenses in 2025.

<sup>†</sup>St. Jude Living Well Health & Wellness Center

2025 Health Benefits	Your Bi-Weekly <sup>1</sup> Premium		Monthly COBRA Rates <sup>3</sup>
	Full-time	Part-time	
<b>Medical—Select PPO<sup>2</sup></b>			
Employee only	\$0	\$38	\$1,039
Employee + Child(ren)	\$39	\$78	\$1,981
Employee + Spouse	\$64	\$128	\$2,492
Employee + Spouse + Child(ren)	\$90	\$180	\$3,317
<b>Medical—Choice PPO<sup>2</sup></b>			
Employee only	\$0	\$19	\$590
Employee + Child(ren)	\$19.50	\$39	\$1,123
Employee + Spouse	\$32	\$64	\$1,419
Employee + Spouse + Child(ren)	\$45	\$90	\$1,890
<b>Dental</b>			
Employee only	\$0	\$4.50	\$33
Family	\$4.50	\$9	\$99
<b>Vision</b>			
Employee only	\$0	\$0	\$7.65
Family	\$4.88	\$4.88	\$17.61

<sup>1</sup>In the months with three (3) pay period end dates, health premiums will not impact the paycheck for the last pay period of the month.

<sup>2</sup>Tobacco users pay a \$50/month surcharge for medical premiums for each coverage level.

<sup>3</sup>This is the full cost of coverage if you or one of your dependents loses coverage under the plan and becomes eligible for COBRA.

Your premiums may be adjusted depending upon your effective date. In these situations, the Payroll team will contact you directly with more details.